

# **Eastern Regional Trauma Advisory Committee**

## **Meeting Minutes December 9, 2004**

<b>Present on site:</b>	Dr. Curtis Lee Connie Stone, RN Richard Mickelson, RN Tom Coble, RN Thomas Danenhower Monica Maher, APRN-C	Dr. Robert Hurd Penny Clifton, RN Lynn Hilliard, RN Kim Todd, RN Kipp Jacobson PA-C _____APRN-C
<b>Present Telemed:</b>	Harlowton Lewistown Red Lodge Big Timber Plentywood Livingston	Lame Deer Miles City Bozeman Culbertson Scobey Malta

Meeting called to order 1600 (4pm)

### **Agenda**

#### **State Report**

- All state offices, including EMS, will be transitioning to email addresses that end in **mt.gov**. Old email addresses will remain functional with new addresses to 12/05.
- Montana continues to remain amongst the highest in the nation for traffic, fall, suicide and traumatic brain injury-related deaths, though there is a downward trend demonstrated.
- The development of regional coalitions (with schools, politician, civic groups) is encouraged to promote safety agendas.
- Conversion from the Cales registry to the Collector software has been completed at the state level and is currently being validated. The Collector data from 2003 and the first three quarters of 2004 will be requested for download to the state in January 2005. Most of the facilities will do paper abstracting and send to the state to be inputted. A report on the current data, via Collector, will be presented at Spring ERTAC meeting, for the first time.

- There are 12 facilities in the Eastern Region that have not had the trauma center pre-designation consultation yet. These visits will take place in 2005.
- Watch for Trauma Rules in public hearing in January 2005 and if accepted trauma center designations can begin in March 2005. There are multiple financial benefits to pursuing designation including the ability to charge for trauma team activation.
- To promote rural trauma team formation, The American College of Surgeons (authors of ATLS) have written and distributed a *Rural Trauma Team Development Course*. A pilot course to be taught 2/11/05 in Big Timber to evaluate the course for further dissemination across the state. Those active in the RTACs that have taught the TEAM course previously will be invited for the evaluation and will also be able to teach future courses.
- ATLS courses pending:
  - a. Instructor course 4/30/05: student must have had a Provider course within 2 years
  - b. Provider courses:
    - April 18-19 Great Falls
    - June 10-11 Missoula
    - September 16-17 Bozeman
    - November 4-5 Billings

#### Education Subcommittee

- MHN has purchased MEDlearn program via grant from AHA that included a patient simulator. The 15 member hospitals in Eastern region will be first able to receive the emergency-related training program modules on Trauma, Chest Pain, Stroke and Airway management in four (4) hour programs. Contact: Elaine Schuchard, RN, MSN at [folsel@fmdh.org](mailto:folsel@fmdh.org) for further information.
- STCC Education subcommittee meeting is planned for 2/14 to discuss, among other things, maintenance of continuity (with other programs, with regional guidelines) of STN course. All members encouraged to attend.
- ERTAC funds reviewed. Proposed method of requesting funds to include written request submitted to Education Subcommittee of ERTAC currently chaired by Elaine Schuchard (contact info above). Requests for funds must be made before the scheduled ERTAC meetings and the decision will be made at meeting. Please stipulate the amount requested and the education planned. Funding will be prioritized by past and present ERTAC participation.
- Monthly video EMS CME training programs on-hold pending alliance/involvement by Western and Central RTAC's.

- PDA Patient Simulator provided for the ERTAC: Per Richard Mickelson, the simulator is multifaceted but is an operator challenge. The simulator is heavy which may mean that shipping is not an option. Plan to recharge/replace PDA batteries as they are used quickly. Those planning on using the simulator for training contact Richard Mickelson at [rmickelson@billingsclinic.org](mailto:rmickelson@billingsclinic.org). Arrangements for pick up and a return date will be made. There will be a late fee for delay in returning as that may effect education planned elsewhere in the region.
- STN course being prepped for 3/11-12 at Mansfield Center, Billings. Primarily an RN course. 18 CEUs are available with both skills and didactic portions in the program. Working out financial details, costs, etc. Contact Penny Clifton RN at [eclyfton@svh-mt.org](mailto:eclyfton@svh-mt.org)
- TNCC classes: see EMS website for dates and locations for the Billings 2005 spring and fall courses.

*No other subcommittees met; no reports*

#### Case Presentations

- Kipp Jacobson PA-C presented on a farmer who was trapped in burning combine cab burn patient case that presented at a clinic. Emphasis on fluid resuscitation, rapid sequence induction (RSI) medications facilitating airway control, and expedient transfer.
- A second case presentation by Tom Coble RN of a 250lb 11-year-old caught in a trash fire who was liberally greased, post burn, with cooking oil by neighbors. This patient presented challenges with airway management and to intravenous line insertion. Discussion included:
  - Calculation of fluid needs for the obese patient should probably be based on ideal body weight. Take excess weight (fat) and divide its fluid needs in half to determine fluid resuscitation amount.
  - Consider Ketamine intramuscular for RSI medication in patients where intravenous line insertion is not possible. Remember, IM absorption can be unpredictable in the burn patient.
- Dr. ??? presented a case of a double suicide attempt resulting in burns. Prolonged exposure, inhalation injuries, and hypothermia complicated the patient's care. Sited avoidance of Succinylcholine as RSI drug due to potassium release found when used in delayed burn care.

**Video of “Care of Burn Patient” by Dr. Saffle, medical director of the Salt Lake City Burn Center.**

**Highlights:**

- ✓ *Burn* patients are *trauma* patients. Treat with same algorithm, adjusting fluids based on Parkland (or other valid) formula
- ✓ Plan to refer ANY patient with >10% TBSA partial thickness burns or any third degree burn
- ✓ Utilize Ringers Lactate instead of Normal Saline for fluid resuscitation as absence of Chloride reduces risk of metabolic acidosis. Do not resuscitate with Dextrose containing fluids at all.
- ✓ Burns resulting in inhalation injuries and facial swelling can be catastrophic if airway not secured EARLY.
- ✓ Reviewed staging burn *after* initial debridement, removal of blisters and devitalized tissue.
- ✓ For non-referred patients: Bland ointments/adaptic/loose gauze dressings recommended after removal of blisters and devitalized tissue. No ice water or occlusive dressings and must do active range of motion (ROM) and passive ROM on affected area

**2005 Eastern RTAC Meeting Dates:**

3/10/05	6/9/05	9/15/05	12/8/05
DBC	SVHC	DBC	SVHC

Respectfully Submitted,

Penny Clifton, RN  
ERTAC Secretary